

# **B VIRUS EXPOSURE PROTOCOL FOR BUMC ED**

<https://occhealth.arizona.edu/programs/exposure-protocol-b-virus>

This patient may have had an exposure to B virus  
(Herpes B Virus, BV) (*Macacine herpesvirus 1*).

# THIS IS AN EMERGENCY

**BUMC ED providers, please be aware of the significant potential for progression of this disease. The patient may develop ascending meningoencephalitis placing the patient at risk for cardiac or respiratory arrest in as little as 3 days after symptoms manifest. This disease can be treated successfully if identified early. Any health care personnel evaluating patients with potential B virus infection should follow standard precautions. Infection control is critical for the management of a potential B virus exposure.**

This University of Arizona employee has had an occupational exposure to Macaque monkeys or their tissues. This exposure constitutes a biohazard emergency. Macaques are the natural host for B Virus (*Macacine herpesvirus*) which is transmissible to humans.

Please carefully review the recommended guidance for initial evaluation of this patient. Additional information regarding this exposure is available on the Occupational Health Website: <https://occhealth.arizona.edu/programs/exposure-protocol-b-virus> as well as the National B Virus Resource Center at Georgia State University website: <http://biotech.gsu.edu/virology/>.

## Protocol for Initial Assessment for Potential Exposure to B Virus (*Macacine herpesvirus 1*)

### University of Arizona Occupational Health Department

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**After attending to the immediate needs of this patient, please be sure to contact the necessary affiliates:**

**Infectious Disease**

For high-risk exposures contact BUMC Infectious Disease Specialist at **520-694-5868** for risk stratification to determine if patient can be discharged with outpatient treatment versus inpatient treatment. High risk exposures include:

- Broken skin/mucosal exposure to a seropositive NHP for B Virus or a NHP known to be ill.
- Puncture/laceration associated with monkey oral/genital lesions, nervous system tissue, with known positive B Virus.
- Any laceration to the head, neck, or torso
- Deep puncture from NHP bite
- Needlestick associated with monkey nervous system fluid/tissue, lesions suspicious for B virus.

**UA Occupational Health**

Contact the Occupational Health Department to notify staff of the exposure. If possible, please have the patient complete a Release of Information and have records of evaluation as well as diagnostics faxed to our Occupational Health Department for the patient's follow-up evaluation as soon as possible.

Occupational Health Department, Secure Fax #: 1-833-407-1266

Occupational Health Department, Phone number: 520-621-5643

Marcy Milbrandt, FNP-BC, Phone number: 520-626-3462

Please call the nurse practitioner to give a report of the incident, treatment, and discharge of the patient.

## B VIRUS MEDICAL ALERT INFORMATION

### THIS IS A MEDICAL EMERGENCY

#### Recommended First Aid- Immediate Action for the Exposed Staff Member

*The most critical period for the prevention of B virus infection is during the first few minutes after exposure, and both the adequacy and timeliness of first aid is essential (Barkati et al, 2019).*

All staff members who have been educated on the potential for B Virus exposure have been instructed to clean the exposed area immediately. This should be completed on-site, within 5 minutes of exposure, and prior to leaving the work site to seek healthcare evaluation assuming the individual is otherwise in stable condition.

#### Box 1. Cleaning the exposed area

##### WASH THE EXPOSED AREA

Thoroughly wash the area by gently scrubbing using soap, povidine-iodine, detergent, or chlorhexidine, and water for 15 minutes. Then irrigate the area with running water for 15-20 minutes.

Do not use a coarse brush to scrub the exposed area. Doing so may cause more injury to the area and drive the virus more deeply into the tissue. Scrub gently using a gloved hand.

##### FLUSH MUCOSAL EXPOSURES

For mucosal exposures to the nose, eyes, or mouth should be flushed with sterile saline solution or water for 15 minutes.

After cleaning the exposed area, the staff member has been instructed to proceed by obtaining the instructions and the antiviral medication in the Red Box kit maintained at their laboratory. They have been instructed to take the first dose of the antiviral medication 1 tablet of Valacyclovir (1000mg) and take the instructions from the box and seek immediate medical evaluation. If the exposure occurs after hours, the staff member is instructed to proceed to BUMC ED for immediate emergency evaluation.

## Instructions for Emergency Assessment of Potential B Virus Exposure (*Macacine herpesvirus 1*)

### A. Cleaning the Exposed Area

1. Assess what first aid was completed by the exposed staff member prior to their arrival to the clinic for evaluation.
2. Repeat the cleaning of the exposed area (described in box 1, page 2) even if the patient reports that they have completed these steps correctly.

### B. Immediate Post-Exposure Prophylaxis (PEP)

1. Ensure that the patient has obtained the antiviral medication from the Red Box and that they have taken the first dose of Valacyclovir. If they have not, administer 1000mg Valacyclovir PO immediately. Pregnant women should be given Acyclovir, 800 mg 5 times/day for 14 days instead of the Valacyclovir. Consult with OB-GYN regarding medication.
2. If the exposure occurred to the eye(s), provide Viroptic 1% solution, 1 drop in the exposed eye. (This should be continued every 4 hours while awake in addition to the PO anti-viral med for 7 days.)

### C. Laboratory Tests Recommended

1. General Laboratory orders:
  - a. Complete a CBC with differential, CMP for all exposed staff members as well as a urine pregnancy test for females.
2. B Virus Simiae Antibody Serum Sample and Viral PCR swab (swab, only if indicated) to be sent to Georgia State: These are specialized tests that must be collected at initial evaluation in the ED and sent to the National B Virus Laboratory for analysis. See item c below for sending specimens out for analysis.
  - a. B Virus Serology: **B Virus Simiae antibody serum sample is to be completed on all patients with possible B virus exposure as close as possible to the time of injury.** This is a viral serology for B Virus Simiae Antibody (NOT Hepatitis B). Instructions on processing and shipping this sample to the National B Virus Laboratory have been provided to the Banner UMC lab. If a B serology completed in the ER yields a POSITIVE result from the National B Virus Laboratory, contact patient and initiate evaluation with Infectious Disease immediately. Please contact OH clinician to report this result immediately: Marcy Milbrandt, FNP-BC at 520-626-3462.  
Complete instructions on initial processing and shipment of these samples is also provided by the B Virus National Laboratory at the following link on page 5 under section I and are outlined below:  
<https://biotech.gsu.edu/virology/PDFs/2012%20Sample%20Collect%20&%20Shipmt.pdf>
    - i. Collect in a red top or serum separator tube (SST), must be 5-7 mL of whole blood collected in tube.
    - ii. Allow a minimum of 15 minutes to allow clot to form.



- iii. Centrifuge sample to separate formed clot. This can also be accomplished by storing the whole blood same in an upright position, overnight in the refrigerator (2-6.0° Celsius).
  - iv. Properly label a 2 mL plastic storage tube with: complete patient ID and serum collection date.
  - v. Transfer 1.0-2.0 mL of serum to the storage tube.
  - vi. Storage: Serum samples can be stored in the refrigerator (2.0 – 6.0° C) for up to one week. Or Serum samples can be stored frozen ( $\leq -15.0$  ° C).
- b. Viral PCR Swab: According to the CDC, the viral PCR swab should not be obtained at the time of exposure, as the act of collection could push infectious virus more deeply into the wound. Samples for PCR should be collected only if a patient presents with symptoms consistent with B virus disease, for example, appearance of blisters at or near the exposure site. [https://www.cdc.gov/herpes-b-virus/php/laboratories/?CDC\\_AAref\\_Val=https://www.cdc.gov/herpesvirus/laboratory.html](https://www.cdc.gov/herpes-b-virus/php/laboratories/?CDC_AAref_Val=https://www.cdc.gov/herpesvirus/laboratory.html). If ordered on evaluation by the ED provider, this is a VIRAL PCR swab for B Virus (NOT a bacterial culture).
- i. Use commercially prepared viral transport media (VTM) or laboratory prepared media.
  - ii. Use only sterile swabs constructed with dacron tips and nylon shafts. Do not use swabs with wooden or metal shafts or cotton tips.
  - iii. Obtain viral PCR swab (viral transport medium) of bite wound(s), lacerations, punctures, lesions, and/or exposed mucosa area that is clean.
  - iv. Properly label the viral transport tube with complete patient ID, collection date, and collection site.
  - v. Swab each collection site with a separate sterile swab.
  - vi. Place each swab into separate sample tubes containing 1.0 – 3.0 ml of viral transport media. If the shaft is longer than the tube, break it off by bending it against the side of the tube. Shafts that are too long will break through the cap, causing leaks and possible exposure to B virus.
  - vii. Storage of viral PCR swab before shipment: Swab samples can be stored in the refrigerator (2.0 – 6.0° C) for up to one week. Swab samples can be stored frozen ( $\leq -60.0$  ° C) indefinitely.
- c. General Guidance for sending out B Virus serology and PCR swab specimens to the National B Virus Laboratory:
- i. A comprehensive guide for obtaining and sending lab specimens is available at: <http://biotech.gsu.edu/virology/PDFs/2012%20Sample%20Collect%20&%20Shipmt.pdf>
  - ii. Complete National B Virus Resource Center lab form. A copy of the form is available here: <http://biotech.gsu.edu/virology/PDFs/2015%20Submission%20Form.pdf>
  - iii. Label all specimens clearly with the permanent name or ID, date of collection, virology swab collection site, and/or tissue source. Failure to correctly label specimens may result in incomplete results. Mislabeled or unlabeled specimens may not be tested.

- iv. Do not label specimen tubes with extra information that is not indicated above. Cage #'s, study #'s, experiment #'s, investigator's name, etc. are unnecessary and confusing when trying to identify the sample.
- v. Contact the National B Virus Resource Laboratory prior to shipping by telephone (404-413-6550) or fax (404-413-6556).
- vi. Ship samples as soon as possible (priority overnight delivery) via overnight courier to:  
The National B Virus Resource Laboratory  
Viral Immunology Center  
Georgia State University  
161 Jesse Hill Jr. Drive  
Atlanta, Georgia 30303  
Packages that are shipped on Friday must have both the package and the airbill annotated for "Saturday Delivery". Do not select the "Next Day Delivery" option. This is considered the next business day and the package will not be delivered on Saturday. Federal Express is the recommended courier for weekend delivery. Be sure to contact the B Virus Lab offices prior to shipping on Friday to provide the airbill number for tracking missing packages on the weekend.
- vii. The above information related to laboratory specimen collection, processing, and shipment to the B Virus National Laboratory has been provided to Banner UMC laboratory as well for reference by their staff.

**D. Score the Exposure - to assess severity and to determine best plan of care**

1. Based on your assessment, score the B Virus exposure using the *Decision Tool for B Virus Prophylaxis*. (See page 10). This tool is designed to help thoroughly document each exposure and to stratify the risk of each exposure for recommendations on whether or not to continue antiviral post-exposure prophylactic (PEP) medication. In most cases, post-exposure prophylaxis is recommended. Please carefully consider risk before electing to discharge the patient without PEP antiviral therapy.
2. Consider recommendations outlined at the bottom of the score sheet.
  - i. Score of 0-1, is a low-risk exposure; prophylaxis is not routinely recommended however discuss the risks and benefits of treatment with the patient to make an informed decision to continue course of antiviral therapy. Discontinuing antiviral therapy should be very carefully considered based on a thorough assessment of the risk of exposure.
  - ii. Score of 2-3, is a moderate risk exposure, consider continuing prophylactic antiviral treatment.
  - iii. Score of 4-7, is considered a high-risk exposure and prophylactic antiviral treatment is recommended.
  - iv. Score of more than 7, constitutes a very high-risk exposure. Consult with BUMC Infectious Disease Specialist regarding appropriateness of IV Acyclovir.



#### E. Consider Contacting Infectious Disease

For high-risk exposures, contact BUMC Infectious Disease Specialist at **520-694-5868** for risk stratification to determine if patient can be discharged with outpatient treatment versus considering inpatient treatment. High-risk exposures would include:

1. Broken skin/mucosal exposure to a seropositive NHP for B Virus or a NHP known to be ill.
2. Puncture/laceration associated with monkey oral/genital lesions, nervous system tissue, with known positive B Virus.
3. Any laceration to the head, neck, or torso.
4. Deep puncture from NHP bite.
5. Needlestick associated with monkey nervous system fluid/tissue, lesions suspicious for B virus.

#### F. Prescription – Ensure the patient has the appropriate prescription for the nature of the exposure from the Red Box and enough to continue as indicated to their follow-up appointment with Occupational Health. Verify that the antiviral medication they obtained from the Red Box will satisfy that requirement.

1. Valtrex 1000mg PO TID x 14 days (Acyclovir, 800 mg 5 times/day for 14 days if pregnant and advise patient to schedule follow-up visit with OB).
2. **In addition to PO meds, for eye exposure ONLY**, Viroptic 1% solution 1 gtt in exposed eye(s) every 4 hrs. While awake x 7 days. Follow-up referral to ophthalmologist is recommended for exposures involving the eye.

#### G. Patient Education

1. Provide patient with discharge instructions (see page 12) to include symptoms that warrant emergency evaluation and contagious precautions.
2. Instruct patient to continue taking antiviral medication as prescribed, even if they report that they feel normal.
3. Advise patient to cover the wound and to not allow other household members to touch wound or any vesicles or blisters if they appear.
4. Inform patient of incubation period which may be as short as 2 days and as long as 5 weeks.
5. Instruct the patient NOT to engage in sexual intercourse for 5-6 weeks, and to then use a barrier method (condom) for up to 3 months after the date of exposure.
6. Avoid pregnancy and seek safe alternatives to breast feeding.
7. Avoid blood, tissue, or sperm donation

#### H. Guidance for Follow-up Care

1. Instruct patient to contact UA Occupational Health Department (520-621-5643) at the earliest opportunity to report exposure & schedule a **follow-up examination within 5 days of exposure**. Advise them to keep follow-up appointment with OH, even if they feel “okay”.



2. Instruct the patient to watch for any signs or symptoms of infection that would warrant emergency evaluation. If any of these symptoms occur, encourage the patient seek emergency evaluation:

- Sores or blisters at the exposure/wound site
- Severe pain or itching at the exposure site
- Elevated temperature/fever
- Generalized flu-like symptoms
- Numbness, tingling or other nerve symptoms at or near the exposure site
- Muscle weakness or paralysis of the exposed body part
- Redness and/or discharge from the eye
- Persistent hiccups
- Dizziness and/or weakness
- Sinusitis
- Neck stiffness
- Headache that lasts more than 24 hours
- Double vision or sensitivity to light (diplopia and /or photophobia)

UA Occupational Health Department can be reached Monday through Friday 8am-4pm at 520-621-5643 for non-emergent inquiries. However, the patient should not delay emergency evaluation for severe symptoms by contacting Occupational Health.

3. Initiate **WCA/ICA paperwork**. UA WCA insurer: CorVel.

#### I. Contact appropriate affiliates

1. Contact Occupational Health Department to notify staff of the exposure. If possible, please have the patient complete a Release of Information and have care notes as well as diagnostics faxed to our Occupational Health Department for the patient's follow-up evaluation as soon as possible.

Occupational Health Department, Secure Fax #: 1-833-407-1266.

Occupational Health Department, Phone number: 520-621-5643.

Marcy Milbrandt, FNP-BC, Phone number: 520-626-3462

Please call the nurse practitioner to give a report of the incident, treatment, and discharge of the patient.

2. Do not forget to contact BUMC Infectious Disease Specialist at **520-694-5868** in the event of a high-risk exposures for risk stratification to determine if patient can be discharged with outpatient treatment versus inpatient treatment. (As described in section E.)

Potential B Virus Exposure- Score Sheet

Monkey bite	Source: macaque <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do not proceed. No prophylaxis indicated
Employer	

First aid	Point(s)	Score
<input type="checkbox"/> Adequate Skin:washed with soap X 15 min.	0 pt	
<input type="checkbox"/> Adequate Membranes : flushed with saline / water X 15 min	0 pt	
<input type="checkbox"/> Inadequate	2 pts	
Type of exposure (choose one only)	Point(s)	Score
<input type="checkbox"/> Any exposure to skin with no loss of integrity	0 pt	
<input type="checkbox"/> Mucosal splash with other bodily fluids (e.g.: blood, urine, stool)	1 pt	
<input type="checkbox"/> Needlestick associated with other bodily fluids	1 pt	
<input type="checkbox"/> Scratch with loss of skin integrity	2 pts	
<input type="checkbox"/> Puncture / laceration with object potentially contaminated with bodily fluid (e.g.: cage)	2 pts	
<input type="checkbox"/> Bite with loss of skin integrity	3 pts	
<input type="checkbox"/> Mucosal splash (including eye) with saliva / CNS tissue or fluid / fluid from oral or genital lesions	4 pts	
<input type="checkbox"/> Needlestick or other puncture associated with CNS tissue or fluid/macaque mucosa / macaque eyelid/fluid from oral or genital lesions	4 pts	
Depth of exposure	Point(s)	Score
<input type="checkbox"/> Superficial scratch / bite / puncture / splash	0 pt	
<input type="checkbox"/> Deep (e.g.: More than 5 mm) scratch / bite / puncture / splash	1 pt	
Body part(s) exposed	Point(s)	Score
<input type="checkbox"/> Limbs / extremities	0 pt	
<input type="checkbox"/> Head / neck / torso	2 pts	
Source risk factors	Point(s)	Score
<input type="checkbox"/> Healthy macaque	0 pt	
<input type="checkbox"/> Macaque new to colony / ill / breeding / immunocompromized / lesions compatible with B-virus disease	2 pts	
<input type="checkbox"/> Macaque known to be B - virus seropositive	3 pts	
<b>Total</b>		

Score	
0-1 points	Low-risk exposure; prophylaxis not routinely recommended
2-3 points	Moderate-risk exposure; consider prophylaxis
4-7 points	High-risk exposure; prophylaxis recommended
More than 7 points	Very high-risk exposure; prophylaxis recommended and consider treatment with IV Acyclovir

**DISCHARGE INSTRUCTIONS  
FOR PATIENTS WITH POTENTIAL B VIRUS EXPOSURE**

You have had a potential exposure to B virus via a macaque monkey or their equipment. This can be a life-threatening situation. You could become very ill within a few days. This disease can be treated successfully if symptoms are identified early. Please read the following carefully:

- The macaque monkey involved will have testing completed with UAC. This sample will be sent to a special lab for analysis. Your blood sample will also be sent to a special lab for analysis. You will be notified of the results of your samples as well as those of the macaque monkey involved within a few weeks.
- If you have been given Valacyclovir (Valtrex), (or Acyclovir, if you are pregnant) continue taking the Valacyclovir as prescribed for 14 days or until you are told to stop by a health care provider. **Do not stop taking the drug because you feel fine.** Common temporary side effects including headache and nausea can be improved by taking the medication with food.
- Contact UA Occupational Health to schedule a follow-up appointment within 5 days at 520-621-5643 (between 8am-4pm) or [OccHealth-Support@arizona.edu](mailto:OccHealth-Support@arizona.edu). Keep ALL your follow-up appointments, even if you feel fine!**
- Seek emergency medical evaluation immediately at Banner UMC if you experience any of the following symptoms any time after your exposure. For serious emergency, call 911. The emergency room will be contacting the Banner UMC infectious disease specialist for consultation if indicated. Contact OH if emergency evaluation is obtained, AFTER evaluation. Do not delay seeking medical care by contacting Occupational Health.
  - Sores or blisters at the exposure/wound site
  - Severe pain or itching at the exposure site
  - Elevated temperature/fever
  - Generalized flu-like symptoms
  - Numbness, tingling or other nerve symptoms at or near the exposure site
  - Muscle weakness or paralysis of the exposed body part
  - Redness and/or discharge from the eye
  - Persistent hiccups
  - Dizziness and/or weakness
  - Sinusitis
  - Neck stiffness
  - Headache that lasts more than 24 hours
  - Double vision or sensitivity to light (diplopia and /or photophobia)
  - Any symptoms that you think may be related to the medication you are taking
- Contagious Precautions:**
  - **Incubation period can be anywhere from 2 days to 5 weeks.**
  - **Avoid sexual activity for the first 5-6 weeks and then use a barrier method (condom) for up to 3 months after the exposure date.**
  - **Keep any wounds or vesicles/blisters covered with a bandage until completely healed. Avoid touching these areas and wash hands thoroughly after any contact with these areas.**
  - **Avoid pregnancy and seek safe alternatives to breast feeding.**
  - **Avoid blood, tissue, or sperm donation.**

UA Occupational Health Department can be reached (520-621-5643) for non-emergent inquiries. Please do not delay evaluation for severe symptoms by contacting Occupational Health. For non-emergent inquiries contact Marcy Milbrandt, FNP-BC at 520-626-3462.

## PROVIDER CHECKLIST – POTENTIAL B VIRUS EXPOSURE

- Verify the patient has washed the area for 15 minutes and then irrigated the area for 15-20 minutes. For mucosal exposures to the nose, eyes, or mouth, verify that the patient has flushed area with sterile saline solution or water for 15 minutes.
- Verify the above washing and irrigating procedure (or flushing with normal saline procedure) was repeated upon initial evaluation of the patient.
- Viral serology, Viral PCR swab (if symptomatic patient), CBC with diff & chemistry panel (and urine pregnancy test if indicated) done. B Virus Antibody serum specimen must be sent to the National B Virus Laboratory for analysis.
- For any high-risk exposure: Contact Infectious Disease Attending at Banner University Medical Center (520-694-5868) and ask to speak to the on call attending physician to determine if patient needs hospitalization, IV Acyclovir or oral Valacyclovir.
- If high-risk exposure and patient not hospitalized, patient should be scheduled for follow-up appointment with Infectious Disease at University Medical Center.

Date of Appointment \_\_\_\_\_

- If low-risk exposure, patient to be scheduled for follow-up appointment in Occupational Health clinic at the University of Arizona (520-621-5643) within 5 business days.

Date of Appointment \_\_\_\_\_

- Provide patient education & handout: Discharge Instructions for Patients with Potential B Virus Exposure (page 12). Educate patient on signs and symptoms of B-virus disease and the need for emergency evaluation if these symptoms develop.
- WCA form has been completed.
- Prescription given for outpatient discharge:  
Valacyclovir 1000mg PO every 8 hours x 14 days (Acyclovir 800 mg 5 times/day for 14 day if pregnant & OB follow up scheduled). **Plus, ONLY if eye exposure**, Viroptic 1% solution 1 gtt in exposed eye(s) every 4 hrs. while awake x 7 days.
- Notify Occupational Health Department of exposure, treatment, and discharge of the patient.

### Important Contact Information

#### University of Arizona Occupational Health Clinic

<https://occhealth.arizona.edu>

Phone: **520-621-5643**

Secure Fax: 1-833-407-1266

OccHealth-Support@arizona.edu

1717 E. Speedway

Suite 1128

Tucson, AZ 85719

Marcy Milbrandt, FNP-BC

**520-626-3462**

Occupational Health Clinician

#### University of Arizona Campus Health Services

Phone: **520-621-9202**

Lab Phone: **520-621-6513**

<https://health.arizona.edu/>

1224 E. Lowell St.

Tucson, AZ 85721

#### Banner University Medical Center ED

1625 N. Campbell Avenue

Tucson, AZ 85724

Phone: 520-694-0111

#### Banner University Medical Center Infectious Disease Physician- 24 hours/ 7 days

Physician to Physician

**520-694-5868**

*(Request to speak to infectious disease physician on call)*

#### Viral Immunology Center

National B Virus Recourse Center

George State University

P.O. Box 4118

Atlanta, GA 30302-4118

(404) 413-6550

<http://biotech.gsu.edu/virology/> [bvirus@gsu.edu](mailto:bvirus@gsu.edu)

*(This address is for correspondence only. All samples must be addressed to the shipping address that is listed on the [Instruction Sheet](#).)*

### Additional Resources

Expert advice on diagnosis and treatment of B infection is also available from the National B Virus Resource Center and the CDC:

- Georgia State University Viral Immunology Center <http://biotech.gsu.edu/virology/>
- CDC website (<https://www.cdc.gov/herpes-b-virus/hcp/clinical-care/index.html>) updated May 9, 2024.

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Centers for Disease Control

J. Scott Schmid, Ph.D., CDC Consultant for GSU National B Virus Resource Center

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[dss1@cdc.gov](mailto:dss1@cdc.gov)

Schmid, S. and Cohen, J. (2018). Best Practice Herpes B Virus Infection. British Medical Journal. April 20, 2018. Pgs. 1-51.

Barkati, S., Taher, H., Beauchamp, E., Yansouni, C., Ward, B., & Libman, M. (2019). Decision Tool for Herpes B Virus Antiviral Prophylaxis after Macaque-Related Injuries in Research Laboratory Workers. Emerging Infectious Diseases. September 2019. (25) e1-e6.

Cohen J., Davenport D., Stewart, J., et al. (2002). Recommendations for prevention of and therapy for exposure to B Virus (cercopithecine herpesvirus 1). Clinical Infectious Disease. 2002 Nov 15; 35(10), 1191-1203.

CDC (Center for Disease Control and Prevention). 1987 Guidelines for the Prevention of Herpesvirus simate (B Virus) Infection in Monkey Handlers. Morbidity and Mortality Weekly Report (MMWR) 36 (41): 680-682, 687-689; October 23, 1987

Cohen, Jeffery I., et al. Recommendations for Prevention of and Therapy for Exposure to B Virus (Cercopithecine Herpesvirus 1). Clinical infectious diseases 2002; 35:1191-1203.

CME Resource. Zoonotic Diseases. Prevention and Nursing Care. January 2001, Vol 73, No 2.

Holmes, et. Al. Guidelines for the Prevention and Treatment of B-Virus Infections in Exposed Persons. Clinical Infectious Diseases 1995; 20:421-439.

Cercopithecine herpesvirus 1 (B virus) Infection resulting from ocular exposure. NOISE, May 1999. Publication No. 99-100. <http://www.edc.gov/niosh/hid5.html>. Reviewed 11/27/02.